

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. 10/758562	FILING DATE				
							APPLICANT(S)					
9/7/04							CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1	1											
2		1										
3	1											
4	1											
5		1										
6		2										
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TOTAL IND.						TOTAL IND.						
TOTAL DEP.						TOTAL DEP.						
TOTAL CLAIMS						TOTAL CLAIMS						